TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
Cesar P. Duclair, M.D.

Respondent Name
New Hampshire Insurance Company

MFDR Tracking Number
M4-17-0995-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
December 7, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "DESIGNATED DOCTOR EXAMINATION NO PAYMENT RECEIVED TO DATE"

Amount in Dispute: $1,100.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Payment has been made."

Response Submitted by: Broadspire

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 21, 2016	Designated Doctor Examination	$1,100.00	$150.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for division-specific services provided March 1, 2008 until September 1, 2016.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
   - P12 – Workers' compensation jurisdiction fee schedule adjustment.

Issues

Is Cesar P. Duclair, M.D. entitled to additional reimbursement for the disputed services?

Findings

Cesar P. Duclair, M.D. is seeking reimbursement of $1,100.00 for a designated doctor examination to determine maximum medical improvement and impairment rating for four body areas for date of service January 21, 2016.

Per 28 Texas Administrative Code §134.204(j)(3), "The following applies for billing and reimbursement of an MMI evaluation… (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be $350." The submitted documentation supports that the requestor performed an evaluation of Maximum Medical Improvement. Therefore, the MAR for this examination is $350.00.

28 Texas Administrative Code §134.204(j)(4) states:

(C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.
  (i) Musculoskeletal body areas are defined as follows:
    (I) spine and pelvis;
    (II) upper extremities and hands; and,
    (III) lower extremities (including feet).
  (ii) The MAR for musculoskeletal body areas shall be as follows.
    (I) $150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used.
    (II) If full physical evaluation, with range of motion, is performed:
      (-a-) $300 for the first musculoskeletal body area; and
      (-b-) $150 for each additional musculoskeletal body area.

(D) …
  (i) Non-musculoskeletal body areas are defined as follows:
    (I) body systems;
    (II) body structures (including skin); and,
    (III) mental and behavioral disorders.
  (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides…
  (v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be $150.

Review of the submitted documentation finds that the requestor performed impairment rating evaluations that included physical examination and range of motion for the right shoulder, jaw, concussion, cervical spine, and lumbar spine. The MAR for this examination is calculated as follows:

Examination	AMA Chapter	§134.204 Category	Reimbursement Amount
Maximum Medical Improvement			$350.00
IR: Right Shoulder (ROM)	Musculoskeletal System	Upper Extremities	$300.00
IR: Cervical Spine (ROM)		Spine & Pelvis	$150.00
IR: Lumbar Spine (ROM)			
IR: Jaw	Ear, Nose, Throat, & Related Structures	Body Structures	$150.00
IR: Concussion	Nervous System	Body Systems	$150.00
Total MMI			**$350.00**
Total IR			**$750.00**
Total Exam			**$1,100.00**

The total MAR for the disputed services is, therefore, $1,100.00. Per an Explanation of Benefits dated October 19, 2016, New Hampshire Insurance Company paid $950.00. An additional reimbursement of $150.00 is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $150.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Sec. 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services in dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $150.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

	Laurie Garnes	February 14, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.